



National Certification Commission  
for Acupuncture and Oriental Medicine



## **NCCAOM<sup>®</sup>** ***PDA Provider Application***



***National Standards of Continued Competence  
In Acupuncture and Oriental Medicine***

**NCCAOM<sup>®</sup>**

PDA Department  
76 S. Laura Street, Suite 1290  
Jacksonville, FL 32202  
904-598-1005  
[www.nccaom.org](http://www.nccaom.org)

Assigned NCCAOM PDA Provider # ACHB



Dear Prospective PDA Provider:

Thank you for your interest in becoming a PDA Provider. An *NCCAOM® PDA Handbook* with detailed information about the PDA program is available on the NCCAOM website at [www.nccaom.org](http://www.nccaom.org). The PDA Department will be happy to assist you in the PDA Provider review process and can be contacted at [pda@thenccaom.org](mailto:pda@thenccaom.org) or 904-674-2474.

It is the policy of the NCCAOM® to provide professional development opportunities to Diplomates applying for recertification in 1) Oriental Medicine, 2) Acupuncture, 3) Chinese Herbology, and 4) Asian Bodywork Therapy. Continuing education programs are defined by NCCAOM as live presentations, teleseminars, webinars, overseas tours, conferences, symposiums, distance learning or on-line courses. The programs are reviewed to determine if PDA points are appropriate for purposes of NCCAOM® recertification, thereby allowing PDA Providers the ability to award Professional Development Activity (PDA) Points to the attendees.

PDA Providers must comply with the highest ethical standards and all applicable laws to ensure accurate and truthful continuing education presentations and documentation. In doing so, the PDA Provider agrees to abide by the *NCCAOM® PDA Department and Provider Agreement*, the *NCCAOM® PDA Product and Service Disclaimer*, and the *NCCAOM® Code of Ethics*. Acceptance as a PDA Provider does not guarantee a program will be approved by the PDA Department.

PDA Providers must also take special care to correctly utilize the PDA logo and advertise their programs truthfully to avoid misleading the public. PDA Providers are responsible for the content of the advertisements and should assure adherence to ethical standards.

The PDA Department would like to thank you for your interest in becoming a PDA Provider. The NCCAOM® PDA Program continues to provide quality educational programs for the Oriental medicine community.

Sincerely,

*The PDA Department Staff*

[pda@thenccaom.org](mailto:pda@thenccaom.org)  
904-674-2474



## NCCAOM® PDA Review Process

The PDA staff welcomes questions and will be happy to provide assistance. Please contact us at 904-674-2474 or [pda@thenccaom.org](mailto:pda@thenccaom.org).

### Step 1. **Become a PDA Provider** – submit the documents below to the PDA Dept.

*NCCAOM® PDA Provider Application*

*NCCAOM® Professional Development Activity (PDA) Department and Provider Agreement*

*NCCAOM® PDA Product and Service Disclaimer Form*

### Step 2. **Submit a Program Application** – submit the documents below to the PDA Dept.

*NCCAOM® PDA Program Review and Web Posting Application*

Program Review Fee

Supporting Documents

### Step 3. **The PDA Program Review**

The PDA Department works closely with the PDA Provider to complete the program review.

The review takes approximately 4 to 6 weeks.

Expedited reviews are available at an additional fee.

### Step 4. **NCCAOM® Approved PDA Programs**

Approved programs are posted on the NCCAOM® PDA Search Engine for one year.

The NCCAOM® PDA logo is issued to the PDA Provider to promote the approved program.

An *NCCAOM® Certificate of Participation/Completion* is issued to the PDA Provider for distribution to the participants.

For detailed information see the *NCCAOM® PDA Handbook*.

PDA applications and templates are available at [pda@thenccaom.org](mailto:pda@thenccaom.org)

Visit the NCCAOM website at [www.nccoam.org](http://www.nccoam.org)



**Information Posted on the PDA Search Engine**

Enter information into the space provided in each section. Use the Tab key to move from space to space. Shift-Tab will move the cursor back one space.

| Section 1. NCCAOM Provider and Contact Information |                             |           |
|--|-----------------------------|-----------|
| Individual or Organization Name:                   |                             |           |
| Address:   |                             |           |
| Suite/Building #:                                  |                             |           |
| City:  | St:                         | Zip Code: |
| Phone:   | Country other than U.S.:    |           |
| Website:   |                             |           |
|  |                             |           |
| Responsible Party:                                 |                             |           |
| Title:   |                             |           |
| Address:   |                             |           |
| Suite/Building #:                                  |                             |           |
| City:  | St:                         | Zip Code: |
| Phone:   | Country if other than U.S.: |           |
| E-Mail:  |                             |           |
|  |                             |           |
| Contact Person:                                    |                             |           |
| Address:   |                             |           |
| Suite/Building #:                                  |                             |           |
| City:  | St:                         | Zip Code: |
| Phone:   | Country if other than U.S.: |           |
| E-Mail:  |                             |           |



Enter information into the space provided in each section. Use the Tab key to move from space to space. Shift-Tab will move back one space.

### Section 2. Professional Information

Applicant is an:  Individual  Organization

If an individual, provide name:

NCCAOM® Diplomat – NCCAOM ID#:

Acupuncture  Herbology  Oriental Medicine  ABT

Active Status  Inactive  Lapsed  Terminated

State Acupuncture License (L.Ac.): State: License #:

Other Professional License – Type: State: License #:

Educational Degree:  Acupuncture  Oriental Medicine Other:

Years of Professional Clinical Experience: Professional Teaching Experience:

**If an individual, please attach a professional resume or curriculum vitae.**

### Section 3. NCCAOM Recertification Categories for Continuing Education

The NCCAOM recertification categories are searchable fields on the NCCAOM® PDA Search Engine and help the public, NCCAOM® Diplomates and state regulatory agencies find courses that meet NCCAOM recertification and state re-licensing requirements. Descriptions are available in the *NCCAOM® PDA Handbook*. Please do **not** select anything in this section.

- CO Core Knowledge, Skill, and Ability (KSA's)
- SA Safety
- ET Ethics
- AT Adjunctive Therapies (electives)
- BIO Biomedicine
- IT Injection Therapy (requires a disclaimer)
- PE Practice Enhancement

### Section 4. \$100 PDA Provider Review Fee

The PDA Provider review fee is charged for the act of reviewing the background of the individual or organization. The review fee is non-refundable and does not guarantee the applicant will be accepted by NCCAOM® as a PDA Provider. For more information see the *NCCAOM® PDA Handbook*.

**Select the payment method:**  MasterCard  Visa  Check  Money Order

Card number:

Card holder name:

Expiration date:

Zip code of billing address:



## Section 5. Attestation and Signature

I, on behalf of myself and/or the Provider submitting this application, acknowledge and agree to abide by and with the *NCCAOM<sup>®</sup> PDA Department and Provider Agreement* and the *NCCAOM<sup>®</sup> Code of Ethics*, that may be promulgated or modified from time to time by NCCAOM<sup>®</sup>; and that all information submitted in connection with this application or at any time to NCCAOM<sup>®</sup> is accurate, true, and complete in all respects; and that any violation, breach, or noncompliance with such policies, procedures, duties or responsibilities will constitute grounds for denial of any or all courses of the PDA Provider at the sole discretion of NCCAOM<sup>®</sup>.

Name:

Title & Organization (if applicable):

Date:

## Section 6. Submitting the NCCAOM<sup>®</sup> PDA Provider Application

Submit the *NCCAOM<sup>®</sup> PDA Provider Application*, required documents, and review fee

**NEW!** by email to [pda@thenccaom.org](mailto:pda@thenccaom.org)

**OR**

by U.S. Postal Service to:

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